

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1069

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township How Primary Registration District No. _____
City Lee, Mo. St. Joseph St. _____ Ward _____

File No. _____
Registered No. 107
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Lee's Summit Mo
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) 1605
(c) Name of employer 1605

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grandview Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucille Seidler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lee's Summit Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Jack L. Seidler
(Address) Lee's Summit, Mo.

15. Jan 12, 1932 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12-1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 12, 1932, that I last saw him alive on Jan 12, 1932, and that death occurred, on the date stated above, at 6:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(following severe
lacer)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gum disease to
and whiplash about neck
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/12-31 Spinal
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. F. Bradford, M. D.

Jan 12, 1932 (Address) 604 Aigle Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lee's Summit DATE OF BURIAL Jan 13, 1932

20. UNDERTAKER Sheld James Co ADDRESS L. S. Mo.

1931-1-13 1040
1-11
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